SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-022203
STATE FILE NUMBER

AMENDED

Registration District No. 391 Primary Registration District No. _____ Registrar's No. 37

FILED JUN 27 1961

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Liberty Township — Length of stay in 1b: 28 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Livonia R.F.D. — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Misspuri b. COUNTY: Putnam
c. CITY OR TOWN: Livonia R.F.D. — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Liberty Township — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First James Middle T. Last Thompson
4. DATE OF DEATH: Month June Day 7 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-12-1881
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months 2 Days 25 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Building Construction & Farm
11. BIRTHPLACE (City and state or country): Jefferson County, Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Richard Thompson
13b. MOTHER'S MAIDEN NAME: Ellen Worthington
14. NAME OF HUSBAND OR WIFE: Adah Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Adah Thompson Address: Livonia, Mo. R.F.D

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Recurrent Cerebral Vascular lesion — INTERVAL BETWEEN ONSET AND DEATH: 36 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July '58 to 8 June 61 and last saw her/him alive on 11 pm 8 June 61
Death occurred at 11:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Eugene Ritter (Degree or title) MD
22b. ADDRESS: Centralia Mo
22c. DATE SIGNED: 9 June 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 9 1961
23c. NAME OF CEMETERY OR CREMATORY: St. John Cemetery
23d. LOCATION (City, town, or county) (State): Putnam County, Missouri

24. FUNERAL DIRECTOR: Comstock Funeral Home By J. W. Comstock
ADDRESS: Unionville, Mo.
25. DATE RECD. BY LOCAL REG.: 6-12-61
26. REGISTRAR'S SIGNATURE: Marvelle Durbin

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Uniontville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.